

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # P28093 (3)  
1. Corporation Name  
GOLF COURSE BUILDERS OF AMERICA, INCORPORATEDPrincipal Place of Business  
920 AIRPORT RD  
SUITE 210  
CHAPEL HILL NC 27514  
Mailing Address  
920 AIRPORT RD  
SUITE 210  
CHAPEL HILL NC 27514-26193. Date Incorporated or Qualified 02/14/1990  
3a. Date of Last Report 03/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7121106	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

PIERMAN, JERRY  
1201 US HWY 1  
SUITE 425  
NORTH PALM BEACH FL 33408

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	513 US Hwy 1
84	Suite 113
85	City North Palm Beach FL Zip Code 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, PHIL	1.2 NAME	
STREET ADDRESS	920 AIRPORT RD #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERMAN, JERRY	2.2 NAME	
STREET ADDRESS	1201 US HWY 1 STE 425	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHDORFER, JAMES J.	3.2 NAME	
STREET ADDRESS	926 BAXTER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBLY, WILLIAM	4.2 NAME	
STREET ADDRESS	5831 SOUTH 58TH ST., SUITE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NB	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDREDGE, PAUL	5.2 NAME	
STREET ADDRESS	1901 VAN DYKE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD IL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREDVIG, JEFFREY	6.2 NAME	
STREET ADDRESS	4401 BLAND ROAD, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PHIL Arnold

1/15/97

919-942-8922

CR2E037 (9/96)